



Denver Public Schools
SIT FOLLOW-UP MEETING:



Student Name: _____ Grade/Teacher: _____ Date: _____

Did it Work? (Has the student met the SMART goal demonstrating responsiveness to intervention?)

- ☐ **Interventions No Longer Necessary** = Have Parent Sign Below
- ☐ **Continue with Current Intervention** = Complete a New Student Intervention and Progress Monitoring Plan (page 5)
- ☐ **Implement Alternative Intervention** = Complete New Student Intervention and Monitoring Plan* (pages 4a, 4b, & 5)
*Consider additional assessment if more information is needed

Notes:

By signing below I certify that I understand that my student has made adequate progress (responsiveness to intervention) and at this time does not require additional intervention. (☐ Check if interpreter was used)

Parent/Guardian Signature

Date